



General Assembly

***Amendment***

***February Session, 2012***

**LCO No. 4867**

**\*HB0538704867HD0\***

Offered by:

REP. MEGNA, 97<sup>th</sup> Dist.

REP. GODFREY, 110<sup>th</sup> Dist.

REP. CARTER, 2<sup>nd</sup> Dist.

To: House Bill No. 5387

File No. 102

Cal. No. 114

***"AN ACT CONCERNING HEALTH INSURANCE CLAIM FORMS  
AND THE DEVELOPMENT OF A UNIFORM TREATMENT  
AUTHORIZATION FORM FOR MENTAL HEALTH SERVICES."***

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Subsections (a) and (b) of section 38a-477 of the general  
4 statutes are repealed and the following is substituted in lieu thereof  
5 (*Effective October 1, 2012*):

6 (a) Except where there is an agreement to the contrary between a  
7 third-party payer and the health care provider, as defined in section  
8 19a-17b, all health care providers shall submit all third-party claims for  
9 payment on the current standard Health Care Financing  
10 Administration Fifteen Hundred (HCFA1500) health insurance claim  
11 form or its successor, or in the case of a hospital or other health care  
12 institution, a Health Care Financing Administration UB-92 health

13 insurance claim form or its successor, or in accordance with other  
 14 forms [which] that may be prescribed by the Insurance Commissioner.  
 15 With respect to the Health Care Financing Administration Fifteen  
 16 Hundred health insurance claim form or its successor or other form  
 17 prescribed by the commissioner for third-party claims for payment, a  
 18 health care provider shall be allowed to use a National Provider  
 19 Identifier assigned to such provider by the Centers for Medicare and  
 20 Medicaid Services' National Plan and Provider Enumeration System in  
 21 lieu of such provider's federal tax identification number.

22 (b) For any claim submitted to an insurer on the current standard  
 23 Health Care Financing Administration Fifteen Hundred health  
 24 insurance claim form or its successor, if the following information is  
 25 completed and received by the insurer, the claim may not be deemed  
 26 to be deficient in the information needed for filing a claim for  
 27 processing pursuant to subparagraph (B) of subdivision (15) of section  
 28 38a-816.

T1	Item Number	Item Description
T2	1a	Insured's identification number
T3	2	Patient's name
T4	3	Patient's birth date and sex
T5	4	Insured's name
T6	10a	Patient's condition - employment
T7	10b	Patient's condition - auto accident
T8	10c	Patient's condition - other accident
T9	11	Insured's policy group number
T10		(if provided on identification card)
T11	11d	Is there another health benefit plan?
T12	17a	Identification number of referring physician
T13		(if required by insurer)
T14	21	Diagnosis
T15	24A	Dates of service
T16	24B	Place of service
T17	24D	Procedures, services or supplies

T18	24E	Diagnosis code
T19	24F	Charges
T20	25	Federal tax identification number
T21		<u>or National Provider Identifier</u>
T22	28	Total charge
T23	31	Signature of physician or supplier with date
T24	33	Physician's, supplier's billing name,
T25		address, zip code & telephone number"

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2012	38a-477(a) and (b)